

**PROVIDER EVALUATION**

Provider's Name: \_\_\_\_\_ Provider#: \_\_\_\_\_  
Recipient's Name: \_\_\_\_\_ M.A.#.: \_\_\_\_\_  
Case Monitor: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

**Assistance with ADL's S = Satisfactory U = Unsatisfactory I = Needs Improvement N/A = Not Applicable**

**Performance Elements**

Bathing		Grooming (Hair, Nails, Skin, Teeth)	
Ambulation		Dressing	
Eating		Infection Control	
Toileting		Safety Factors	
Environment Neat and Clean		Laundry	
Assist with Self-Administer Medications		Meal Preparation	
Escort to M.D. Appointment or Workplace		Linens Changed	
Other:			

**Behavioral Elements**

Provider is dependable re: attendance, duties, and etc.	
Provider is responsible and conscientious toward recipient.	
Provider contacts R.N. Case Monitor when appropriate.	
Provider follows appropriate billing practices.	
Provider is compatible with recipient.	
Provider understands conditions of participation (COMAR 10.09.20.03A).	
Provider understands emergency protocol.	
Verifies Eligibility (EVS).	
Promotes a friendly atmosphere.	
Accepts and seeks guidance.	
Follows Universal Precautions.	
Considers safety and comfort of recipient.	

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Case Monitor: \_\_\_\_\_ Date: \_\_\_\_\_